# Appendix - 1

# Summary of States Interviews

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State: Georgia (GA)

**Interviewees:** Barbara Pastirik, APS Director

**Date:** August 9, 2010

### Overview

Two separate government agencies provide adult protection services in GA. The Department of Human Services (DHS), Division of Aging Services (DAS), Adult Protective Services (APS) program serves vulnerable adults eighteen years of age to sixty-four years of age with disabilities and older adults, sixty-five years of age and older who are not residents of Long Term Care Facilities. APS has approximately twelve (12) intake and referral staff, five state leadership positions, five district managers, 20 supervisors and 155 investigators/case managers. The staff is state employees and is relocated throughout the state. The average caseload to worker ratio is 24 to 1.

The DHS/DAS/APS case investigators/case managers are also responsible for the case management of:

- Court appointed wards when the Department is appointed Guardian of last resort;
- APS clients determined to be at continued risk at the conclusion of the APS investigation and who are agreeable to ongoing protection.
- They also are the Social Security representative payees of last resort for adults unable to manage their funds.

DHS DAS has one forensic nurse specialist position. The forensic nurse coordinates the Serious Incident Review Team (SIRT). This team reviews critical incidents, unexpected deaths or serious injuries of ongoing APS or CCSP cases in the Division. The forensic nurse is also available to the APS workforce for complex case investigations, liaison work with law enforcement, Georgia Bureau of Investigation, coroners, etc. and for training of the APS investigators/case managers. The DHS DAS is in the process of hiring a forensic accountant.

Department of Community Health (DCH), Division of Healthcare Facility Regulation (HFR) oversees the investigation of abuse, neglect, and exploitation in licensed facilities and facilities subject to licensures. HFR is separated into two units – intake/complaint unit and survey/certification unit. HFR, by law, was transferred from the DHS into the DCH and was restructured in 2009. HFR felt that this model of two units would bring about greater

efficiencies and maximize resources. The original staffing model had staff handling intake, complaints, surveys, and certification for facilities.

DCH HFR has one person handling the intake of reports; she averages approximately twenty reports per day. HFR has ten staff handling complaint investigations in licensed facilities. Investigators handle about five or six new investigations each month. Additional information provided by HFR:

- does not investigate self neglect reports;
- relies on facility assessments;
- uses ASPEN complaint tracking system (ACTS);
- HFR's data system interacts with child protective services but not with adult protective services and;
- training curriculum exceeds thirty hours.

Department of Behavioral Health and Developmental Disabilities have staff responsible for the internal investigation and review of incidences of abuse, neglect, and exploitation of persons with developmental disabilities and mental illness residing in state facilities. This internal review is in addition to the investigations that APS and HFR are required to do by state law.

# Standards of promptness for investigations

All reports come through APS Central Intake, which determines if the situation meets criteria for investigation. Case documentation and standards of promptness begin at the time Central Intake accepts the case for investigation.

The APS standard of promptness for the initial face to face contact with the subject of the APS investigation is 10 calendar days. By statute, all investigations must be conducted within thirty (30) days.

Central Intake (CI) staff and supervisors determine the priority for new APS reports. Reports that warrant an APS priority response are known as 'red envelope'. This is a report where the CI staff alerts the supervisor who then determines the response. For example, the report may indicate that alleged victim has a high priority need (such as lack of essential services) which may result in further deterioration if not addressed expeditiously. In this case, the supervisor advises and directs the response by the investigator. APS does not quantify 'priority'. The average APS response (initial face-to-face visit) to priority reports for SFY '09 - '10, was two days.

HFR investigates all facility complaints. Their categories of complaints are: (1) Mental abuse (2) Physical abuse – resident to resident and staff to resident (3) sexual abuse – resident to

resident and staff to resident (4) exploitation and (5) facility caregiver neglect. HFR's standard of promptness is "immediate response/immediate priority" for those complaints determined to have endangerment and safety issues.

### **Predetermined Criteria**

APS' criteria are:

- (1) disabled adults, age 18 to 64 years, or elder persons age 65 years and older;
- (2) a current allegation of abuse, neglect and exploitation (including reports of self-neglect); and
- (3) at-risk with the inability to get out of harm's way.

HFR's criteria are that the person is a resident of licensed facility or resident of a facility subject to licensure and there is an allegation of abuse, neglect, and exploitation.

### **Client Assessment Tools**

APS has multiple assessment tools for use by investigators/case managers. The primary APS assessment is a comprehensive tool that focuses on the allegations and indicators of A/N/E, physical/mental health information, characteristics of the caregiver, formal/informal supports, and provides for the determination (case outcome), report to Law Enforcement and next steps. Another tool used in the course of the APS investigation is the Determination of Need – Revised (DON-R). This structured methodology for determining the potential for risk assesses unmet needs regarding the functional assessment for activities for daily living (ADL) and the instrumental activities of daily living (IADL).

Staff uses the Aging Information Management System (AIMS) to document all information. Certain types of consumer information in AIMS can be shared between DHS DAS Home and Community Based Services (HCBS), HCBS Medicaid waiver, AoA, State, etc and APS. Examples include, demographic data is often shared with other aging network programs, and/or AoA for reporting purposes. Targeted Case Management data is shared with the Medicaid agency for billing purposes. APS information is not integrated with HFR or other human services data systems.

HFR relies on facility assessments of the resident. HFR's data system is the CMS ASPEN and the complaint tracking system ACTS. HFR's data system interacts with child protective services but not with adult protective services.

### **Substantiated Cases**

At the conclusion of the APS investigation, the allegations and additional findings must be either substantiated or not substantiated. Conclusions are evidence-based. Allegations are substantiated when the collected evidence and facts indicate that there is a fifty-one percent (51%) preponderance of evidence, that abuse, neglect and/or exploitation has probably occurred. All substantiated conclusions, with the exception of self-neglect, are to be reported for further investigation to law enforcement.

### **Recidivism Data**

GA APS collects recidivism data in two different categories. Recidivism data is captured for reports into CI, investigated and closed at the end of the investigation for a variety of reasons (e.g., unsubstantiated, client no longer at risk, client refused services, etc.) but later reopened for a subsequent investigation. Recidivism data is also captured for "on-going" clients receiving APS case management to track clients who have closed cases and are reopened for investigation within the state fiscal year. Of the states in this study collecting and reporting recidivism data, GA has the lowest recidivism for the reoccurrence of victim abuse, neglect, and exploitation. The average recidivism percentage for "on-going" cases for a three years period is 8.0 percent. The average recidivism percentage data for "reports investigated, closed and reopened for a subsequent investigation" for the same three years period is 7.6 percent. APS staff reports that the ability to provide "on-going" case management, in their opinion, lessens the chance of a reoccurrence of abuse, neglect, and exploitation. The majority of APS recidivism involves self neglect cases where the individual has the right to make choices and has not been adjudicated incompetent. In addition, the lack of sufficient funds for home and community services may prevent APS arranging for resources for individuals after the investigation has been closed. These two issues may drive the increased recidivism rate in both categories over the past three years.

# **Mandated Reporters**

In Georgia, failure by a mandated reporter to report suspected A/N/E constitutes a misdemeanor. In the interviewee's twenty three years of work in APS she has not know of any legal actions taken to enforce this penalty.

APS is also a mandated reporter, and reports to other investigative entities such as DCH HFR and other health care organizations as applicable.

# **Employee Abuse Registry**

The nurse aide abuse registry is the responsibility of DCH HFR. HFR contracts with a third party to administer the registry. Individuals placed on the registry are notified and have the right to file an appeal and be heard before a judge. Names are placed on the registry for an indefinite period of time.

### Other

- Ongoing case management may be provided by APS to clients determined to be at-risk for further abuse, neglect, and/or exploitation. When the client is no longer at-risk, such as when other resources that address the problem are secured, ongoing APS case management is discontinued, with the exception of court appointed guardianship case management duties.
- The operating hours for APS Central Intake are Monday through Friday, 8:00 a.m. 5:00 p.m. APS CI staff operate in a variety of settings that include: a central location to manage incoming calls; out-stationed staff who manage CI fax reporting in and CI staff who work remotely from home offices. Callers may leave messages on an automated phone system after-hours/weekends/holidays. The after-hours message instructs callers to notify law enforcement or 911 in case of emergency. Otherwise, callers may leave a message and calls are returned the next business day. There is one APS central statewide toll-free telephone number, and one APS central statewide fax reporting number. (In the previous model for APS intake of reports of abuse, each of the one hundred fifty-nine (159) county Division of Family and Children Services (DFCS) was responsible for receiving reports of adult abuse, and was combined with child abuse reporting.)
- HFR's Intake and Complaint unit is staffed Monday through Friday, 8:00 a.m. 5:00 p.m.
  There is one statewide toll-free number to report the abuse, neglect, and exploitation of
  residents in licensed facilities or facilities subject to licensure. Complaints may also be
  reported via HFR's website.

Due to budget constraints, APS training is done primarily by Webcast. On average, there
is at least one, one-hour training via Webcast each month. Specialty training is arranged
by APS Leadership to provide subject expertise. Routine training is also coordinated by
the forensic specialist. APS, including its forensic nurse, provides training on vulnerable
adult abuse, neglect, and exploitation to Law Enforcement, Code Enforcement, Medical
Examiners/ Coroners, Prosecutors, other professionals, students and others in the
community.

State: Massachusetts (MA)

**Interviewees:** Deborah Fogerty, Director, Elder Adult Protective Services

**Date:** August 9, 2010

### Overview

Three distinct government agencies comprise MA's adult protection system.

- MA Office of Elder Affairs. Four (4) state Protective Service (PS) staff work in the MA Office of Elder Affairs. PS workers serving those sixty and older are employed by agencies identified as Area Agencies on Aging (AAA) or non-profits in twenty-two regions in MA. There are approximately seventy-five (75) intake workers, and one hundred sixty (160) investigators/case managers. The average caseload of investigators/case managers to clients is 1 to 21, with approximately six (6) new cases each month.
- Disabled Persons Protection Commission (DPPC). Citizens with disabilities (all types) and ages 18-59 are served by the DPPC, which three intake workers and fifty investigators. The Commission receives approximately forty-five (45) reports of abuse/neglect/exploitation (ANE) each day and DPPC workers are assigned approximately four new cases apiece each month. They did not provide the worker to client ratio. The assessment tools and investigative techniques/protocols are different from the elder protective services program. Some policies of DPPC are included in the appendices of the final report.
- Department of Public Health (DPH). Protective Services for residents of licensed facilities is administered by DPH. This agency also maintains the state employee abuse registry.
   Information was not provided by them for this survey and report.

## Standards of promptness for investigations

MA standards of promptness for investigations of elders in the community are divided into three categories.

- **Emergency** An emergency requires a face-to-face meeting with alleged victim and investigation within five hours. This emergency involves the determination of imminent risks.
- Rapid/Urgent A rapid or urgent response requires a face-to-face meeting with an alleged victim and investigation within twenty-four hours.
- Routine Investigations five days response time.

Supervisors determine whether a report is an emergency or a rapid/urgent referral based upon the information received during intake. Example: if the victim has been hospitalized and is not in imminent danger they would be interviewed in the hospital within twenty-four hours and prior to discharge home. All other cases are investigated within five calendar days. All reports are screened by Protective Services (PS) supervisors and assigned priority status.

MA standards of promptness for the DPPC are within twenty-four hours if it is determined to an emergency.

### **Predetermined Criteria**

Elder Protective Services' criteria for accepting a report for investigation is that someone is sixty years of age or older and suffering from abuse.

### **Client Assessment Tools**

MA uses a hybrid case management program originally designed by a contractor (Harmony) for APS. Some assessment tools have been adapted by MA from other states' APS programs. Elder protective services staff have multiple assessment tools available to them in particular a Financial Assessment tool that staff consider very helpful and perhaps unique to their state. MA has a public/private funded money management assistance program for older citizens in need of this support.

The MA DPPC uses different assessment tools than the elder Protective Services (PS) program. A few of the MA DPPC assessment tools are provided in the appendix of the final report.

The three agencies that make-up the adult protection system in MA uses three different information technology (IT) systems. None of these systems interface. However the elder protective services program data base and the Office of Elder Affairs SANS information technology system for home and community based services can be searched for common clients.

### **Substantiated Cases**

An elder abuse report becomes an "on-going case" when the investigator substantiates the abuse, neglect and/or exploitation. An investigation is substantiated as a "case" when there is a preponderance of evidence of fifty-one percent (51%). Cases are categorized as either substantiated or not substantiated.

In 2005, MA state law added "self neglect" as a category of reportable abuse, neglect, and exploitation. Staff noted that reports of self neglect soared and has increased steadily since

2005. Fifty-one percent (51%) of their reports for citizens sixty years and older are self neglect reports. Staff feels that the ability to provide case management for people at-risk of abuse and self neglecting is important to their safety if the client is willing to accept assistance.

### **Recidivism Data**

MA does not collect recidivism data.

## **Mandated Reporters**

Mandated reporters are subject to monetary penalties and possible revocation or suspension of their professional license. The interviewee is not aware of anyone ever being fined. If reports are being made to professional licensing boards regarding mandated reporters not reporting it is not consistent or well publicized.

# **Employee Abuse Registry**

The employee abuse registry is maintained by the Department of Public Health. No additional information was provided.

### Other

- MA has sexual assault teams comprised of professionals in all regions of their state.
  Teams meet quarterly to review cases and consult with experts by phone, if needed.
  There are team protocols for referral between the elder protective services staff and
  Sexual Assault Nurses (SANS). MA's expert consultant is Holly Ramsey Klawsnick. In
  addition to case consultation she trains PS staff on sexual assault. The state began this
  work when they suspected an underreporting of sexual assaults on those sixty years of
  age and older.
- In recent years, the MA elder protective services programs have experienced budget reductions of by at least one million dollars. This has resulted in the loss of state staff and investigative staff. State staff reduced the number of regional managers from five to three. In addition, funds to the state guardianship program and money management program have been reduced. Pre and post staffing data are not available at this time.

• MA has three different statewide toll free numbers for reporting elder abuse, abuse of someone with disabilities, and abuse of residents of long term care facilities. The only intake center staffed 24/7 is the one for the reporting of elder abuse, neglect, and exploitation. The intake staff takes the reporters' information, complete reports and makes referrals. During business hours, Monday-Friday, intake staff may defer some of the phone report gathering and referral tasks to the PS regional offices.

State: Missouri (MO)

**Interviewees:** Kathryn Sapp, APS director

**Date:** August 17, 2010

### Overview

MO Department of Health and Senior Services (DHSS) administers the Adult Protective Services Program which is responsible for the investigation of adult abuse, neglect and exploitation in individuals' residences. The MO DHSS Division of Regulation and Licensure (DRL) investigates adult abuse, neglect, and exploitation of residents of long term care facilities. APS has fourteen (14) dedicated intake and referral staff handling approximately two hundred plus calls each day through the one statewide toll free adult abuse reporting system. APS also has two hundred nineteen (219) investigative/case management staff; they are state employees. There are approximately three FTE positions in the state office leadership of APS.

The DHSS, Division of Regulation and Licensure, Section of Long-Term Care Regulation staff conducts investigations of reported abuse, neglect, and exploitation of individuals residing in long-term care facilities. Staffing information was not provided.

### Standards of promptness for investigations

### **APS**

**Class I** – reports of life-threatening, imminent danger situations that indicate a high risk of injury or harm to an adult. Initial contact with an alleged victim is made as soon as possible, usually within twenty-four hours.

**Class II** –reports of situations that may result in harm or injury to an adult but are not life threatening. Initial contact with an alleged victim is usually made within one week.

**Class III** – reports of non-protective situations or additional information on an open report.

#### **DRL**

Complaint investigations of residents in long term care facilities are handled in accordance with statute. Reports or complaints are generally initiated within 24 hour.

### **Predetermined Criteria**

MO APS receives reports of abuse, neglect, exploitation for persons living in the community, sixty years of age or older who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs, or an adult with a disability between the ages of eighteen or fifty-nine who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs.

### **Client Assessment Tools**

APS staff has available to them several different assessment tools including a functional assessment, ADL and IADL assessments, and a cognitive ability assessment developed by St. Louis University. APS will soon transition to Case Compass data system.

### **Substantiated Cases**

APS home and community-based investigation standards:

- **Reason to Believe (substantiated):** Substantial amount of evidence is found supporting the allegations contained in the report.
- **Suspected** (substantiated): Based on worker judgment, allegations contained in the report are probable or likely.
- **Unsubstantiated:** the evidence of investigation does not support the allegations.

Long Term Care Facility investigation standards:

- **Valid:** A conclusion that the allegation did occur and there was a statutory or regulatory violation.
- **Invalid:** A conclusion that the allegation did not occur; a conclusion that there is not a reasonable likelihood that the allegation occurred, or a conclusion that the allegation either occurred (or there is a reasonable likelihood that it occurred), but there is not a statutory or regulatory violation
- **Could Not Verify:** Conflicting information collected to the extent that no conclusion regarding a regulatory violation could be reached.

### **Recidivism Data**

MO collects recidivism data; the data were not available for this study, however. The interviewee expressed her opinion that there is a higher rate of recidivism for those adults atrisk who do not agree to accept case management or supportive services.

### **Mandated Reporters**

MO's statutes require professionals in the following fields to report suspected abuse or neglect: social services, adult care (in the home or in a facility), law enforcement, ministry, medicine and health care, state service to seniors, social workers, and funeral directors. Mandated reporters who do not report suspected or known abuse, neglect, and exploitation may be charged with a misdemeanor. The interviewee was not aware of anyone ever being charged with a misdemeanor for the abuse, neglect, and/or exploitation of a vulnerable adult.

# **Employee Abuse Registry**

The Employee Disqualification List (EDL) maintained by the DHSS is a listing of individuals who have been determined to have abused or neglected a resident, patient, client, or consumer; misappropriated funds or property belonging to a resident, patient, client, or consumer; or falsified documentation verifying delivery of services to an in-home services client or consumer. These acts must have occurred while the individual was employed by a long-term care facility, an in-home services provider agency, by a hospital, home health agency, hospice, or ambulatory surgical center, or by a consumer or vendor. Individuals are notified and are given an opportunity to appeal before being placed on the EDL.

MO also has three other abuse registries. They are the Family Care Safety Registry, Mental Health Registry, and the Law Enforcement Criminal Records Check Registry.

### Other

The MO DHSS, Division of Senior Services and Regulation delivers home and community based Adult Protective Services (APS) with consideration to the following inherent rights:

- Self-Determination
- Protection
- Confidentiality
- Participate in Care Planning
- Receive Assistance
- Refuse Services
- Refuse Medical Treatment

Protective Services are provided on behalf of eligible adults who are unable to:

- manage their own affairs;
- carry out the activities of daily living; or
- protect themselves from abuse, neglect, or exploitation which may result in harm or a hazard to themselves or others.

The Central Registry Unit (CRU) is the one statewide toll free number for reporting adult abuse, neglect, and exploitation. Reports to be investigated for residents of long term care facilities are referred to the Division of Regulation and Licensure. Reports of abuse, neglect, and exploitation of adults residing in the community are investigated by APS. Reports regarding residents of congregate living facilities affiliated with the Department of Mental Health are investigated by mental health staff.

MO is proud of an initiative to provide Crisis Intervention Training (CIT) to law enforcement officers. The training teaches people how to work with people who are experiencing a mental health crisis. NAMI and others partner with MO APS in the CIT.

Because of recent budget reductions, APS has reconfigured it's supervision model. Some supervisory positions were eliminated and some positions were reallocated to field staff positions. MO supervisors oversee five to nine investigators/case managers.

State: New Mexico (NM)

Interviewees: Kathleen Hart, Director APS

Tony Louderbough, Deputy Director APS

**Date:** August 2, 2010 from 5:00 – 6:00 p.m. EST

### Overview

The NM Division of Adult Protective Services is a part of the NM Aging and Long Term Care Services Department. The Division of APS was transferred to Aging and LTCS Department from the Children, Youth and Families Department in July, 2005. State staff for APS consists of four people and five regional managers. APS has five regions and twenty-four offices; APS staff investigates adult abuse, neglect and exploitation allegations regardless of where the adult lives. There is some duplication between investigations of other departments such as facility licensure/ certification/investigations. In addition, the Division of Health Improvement within the Department of Health investigates allegations of abuse of individuals with developmental disabilities. NM seeks to coordinate investigations and resulting actions through monthly joint protocol meetings of all agencies involved in protective services. Agencies do have memoranda of understanding regarding their respective roles in the adult protection system.

# Standards of promptness for investigations

NM divides standards of promptness for investigations into three categories.

- E Emergency situation dealing with the victim's safety requires a face to face meeting between the APS staff and alleged victim within three hours. This emergency report often comes from law enforcement.
- **P1** Emergency situation requires a face to face meeting between the APS staff and alleged victim within twenty-four hours.
- **P2** –All other reports requiring an investigation must have a face to face meeting between the APS staff and alleged victim occurs within five days.

Fourteen percent of NM APS cases are in the categories of E and P1.

### **Predetermined Criteria**

NM does not have a prescribed formula for predetermined criteria. APS supervisors (17) are responsible for screening all reports of abuse/neglect/exploitation (ANE). Although supervisors are asked to use their best judgment, some obvious criteria for accepting the report of ANE are (1) physical danger, (2) functional limitation that limits a person's ability to leave the home, and (3) threat of abuse.

### **Client Assessment Tools**

Staff has available many different assessment tools that include instruments that determine: (1) ability to consent, (2) environmental conditions, (3) financial dependency, (4) family/caregiver stress, (5) social isolation, (6) social support, (7) behavior problems, (8) cognitive status, (9) health, (10) depression, (11) mental health or emotional problems, (12) alcohol or drug abuse risk factors, (13) anger risk factors, and (14) relationship problems. The state's information technology software package for APS is a hybrid of Harmony APS. Some pieces were borrowed from other states, and some created by NM staff and contractor staff.

### **Substantiated Cases**

Reports of ANE are substantiated after the investigation proves a preponderance of evidence (at least fifty-one percent). NM finds it most challenging to substantiate caregiver neglect. Approximately sixty to sixty-five percent of reports of ANE are screened-in for investigations. Reports investigated are either substantiated or not substantiated. Approximately eighty percent (80%) of cases are self-neglect.

### **Recidivism Data**

NM does not collect recidivism data and does not automatically assume that recidivism is a problem.

### **Mandated Reporters**

NM law states that every citizen is a mandated reporter. The law highlights that financial/banking institution staff must report suspected financial exploitation. However there are no greater penalties for a staff person in a financial/banking institution for not reporting suspected abuse. State law has a penalty of up to ten thousand dollars fine. To the interviewees' knowledge, no one has ever had to pay the ten thousand dollars fine. They feel, however, that the threat of the fine is an effective deterrent. They do submit information to their state licensing/professional board for consideration of revocation or suspension of a professional's license.

### **Employee Abuse Registry**

NM Administrative Code 8116 establishes an employee abuse registry which is maintained by the Department of Health. People who have their names placed on the abuse registry remain on the registry for at least a period of three years. In submitting a petition for removal from the registry, the person has to demonstrate in word and deed that they have taken remedial action and are not going to reoffend.

### Other

- APS provides time-limited case management under the following circumstances:
  - o There is a substantiation of abuse, neglect or exploitation;
  - No family member or surrogate is available to assist;
  - No other source of funding or support available;
  - o Income level eligibility for Medicaid SNF care; and
  - o Functional limitations with ADL or IADL.
- There is one intake and referral center with one statewide toll free number. Accepted reports are referred to local APS offices for a response within three hours, twenty-four hours, or five days, depending on urgency of the report.

### Other

NM has a "One Time Only" (OTO) response system. The Department of Health, which oversees the investigation of ANE in licensed facilities, and the Department of Aging, which administers the APS program, have an agreement (MOU) that state staff will get to any location (licensed or home) to investigate ANE within three hours. Staff report that this system works well for meeting their emergency response time of three hours. They have monthly joint protocol meetings to ensure that the OTO process is working.

State: North Carolina (NC)

**Interviewees:** Suzanne Merrill, APS Director

**Date:** August 10, 2010

### Overview

NC Department of Health and Human Services (DHHS), Division of Aging and Adult Services (DAAS) provides the oversight and training for the one hundred counties' Departments of Social Services (DSS) which employ the adult protective services (APS) social service staff.

Approximately twenty-one county staff provides intake and referral; ninety-two dedicated APS staff handle evaluations (investigations) and case management. In addition, the DHHS, DAAS and DSS county directors are court appointed as public guardians for incompetent adults. The APS staff handles the guardianship case management responsibilities and serves as representative payee for those in need of money management assistance. APS handles the evaluations (investigations) for disabled adults eighteen years and older regardless of where they live.

# Standards of promptness for investigations

NC has three categories of standards of promptness for investigations.

- Immediate an immediate investigation involves a report of an adult who is in imminent danger and is facing irreparable harm.
- Emergency requiring an evaluation within twenty-four hours supervisors use their judgment to determine if a report requires an immediate evaluation or if the victim can be seen within twenty-four hours.
- All other reports of abuse, neglect and exploitation require an evaluation within seventytwo hours.

### **Predetermined Criteria**

The criteria for a report to become a case to be evaluated (investigated) are:

- Person is a disabled adult;
- Eighteen years of age or older;
- Allegation of abuse, neglect and/or exploitation; and
- Determination if the reporter is willing or able to intervene.

### **Client Assessment Tools**

APS has multiple assessment tools for use by staff. NC re-evaluated and improved upon their APS assessment tools two years ago. Their tools have been developed using their own resources with input from workers and organized teams. County DSS APS staffs enter data into the NC APS register (IT system). NC's electronic data system links with other human services electronic data for the purpose of gathering demographic data only.

### **Substantiated Cases**

A report becomes a case when the report is "screened-in" as meeting criteria. Upon evaluation (investigation), the case is either substantiated or not substantiated. The substantiation rate involving in-home persons is 33 percent. The substantiation rate for evaluations involving residents of licensed facilities is 35 percent.

### **Recidivism Data**

NC's recidivism for any "person known to APS" over the past three years is 11.3 percent. The interviewee feels that there is a strong correlation between case management and the reduced reoccurrence of abuse, neglect, or exploitation.

# **Mandated Reporters**

Every citizen of NC is a mandatory reporter. There are no penalties for not making a report of suspected or known abuse, neglect, or exploitation of a disabled adult.

# **Employee Abuse Registry**

The NC DHHS, Division of Health Service Regulation maintains the federal OBRA mandated nurse aide registry (the "Health Care Personnel Registry"). A person whose name has been on the registry may have their name removed if the following criteria are met:

- The employment and personal history of the health care personnel does not reflect a pattern of abusive behavior or neglect;
- The health care personnel's name was added to the registry for a single finding of neglect;
- The neglect involved in the original finding was a singular occurrence; and
- The petition for removal is submitted after the expiration of the one-year period which began on the date the petitioner's name was added to the registry.

### Other

- NC provides case management for adults in need of protective services. Best practice
  guidance for case management is for a period of three months. No statutory or
  administrative code requirement limiting case management provision, however. After
  the need for protective services case management is over for the person at-risk, the
  county DSS may offer social services case management.
- Every county DSS office receives calls regarding adult abuse, neglect, and exploitation.
   Each county office is open Monday thru Friday and receives calls from 8:00 a.m. 5:00 p.m. Nights and weekend coverage includes various options. Primarily, people are asked to leave a message, page on-call staff, and contact law enforcement. On-call staffs retrieve voice messages and response to calls and pages. There are no toll-free numbers or centralized system for intake and referral.
- NC is very proud of its training curriculum. It is provided statewide or regionally in faceto-face meetings, video conferencing, WebEx, and long distance learning in cooperation with satellite stations in colleges. The state has six core curricula. These include basic APS training, assessing client capacity, facility rules and regulations, etc. NC also provides:
  - training to new law enforcement cadets on adult abuse, neglect, and exploitation;
  - training in partnership with domestic violence programs; training with banking/financial institutions regarding exploitation; and training with district attorneys.

State: Washington (WA)

Interviewees: Carol Sloan, Adult Protective Services (APS) Program Manager

Vicky Gawli, APS Program Manager

LaRita Paulson, Residential Care Services (RCS) Complaint Resolution Unit

(CRU)

**Date:** August 13, 2010

### Overview

WA Department of Social and Health Services (DSHS), Aging and Disabilities Services Administration (ADSA) administer the Adult Protective Services (APS) program within the Home and Community Services Division and the Residential Care Services Division, Complaint Resolution Unit (CRU) that are both responsible for the adult protection system. The APS program investigates reports of abuse, neglect, and exploitation of vulnerable adults living in their personal residences. A vulnerable adult is defined by law as:

- a person 60 years of age or older who lacks the functional, physical, or mental ability to care for him or herself;
- an adult with a developmental disability;
- an adult with a legal guardian;
- an adult living in a long-term care facility (an adult family home, boarding home or nursing home);
- an adult living in their own or family's home receiving services from an agency or contracted individual provider; or
- an adult self-directing their care.

An allegation of abuse includes suspected abuse, neglect, exploitation, or abandonment or evidence of previous abuse, neglect, exploitation, or abandonment.

APS leadership staff consists of six state office staff, six regional administrators, six program managers and twelve supervisors. There are twelve APS intake and referral staff, and approximately eighty-one investigators throughout the state. The twelve intake and referral staff receive an average of twenty-three calls each day and the investigators each receive approximately thirteen new investigation cases per month. APS staff has backgrounds in social services, mental health, law enforcement, and nursing.

RCS CRU investigates reports of abuse, neglect, and exploitation of residents of licensed facilities. These facilities include nursing homes, boarding homes, supportive living homes, and

intermediate care facilities for the mentally retarded (ICFMR). RCS CRU has five leadership positions in the state office. The CRU has eleven intake staff and averages twenty six hundred (2,600) calls per month. The investigative staff is registered nurses. The numbers of investigative staff listed by facility assignments:

- Nursing Homes 16
- Adult Family Homes/Boarding Care Homes 26
- Resident Client Protection Program 8
- Supportive Living 3

# Standards of promptness for investigations

APS has three levels of promptness for investigations:

- High a twenty-four hours response for threat of immediate harm, physical wounds and injuries requiring medical attention, significant harm and serious environmental threats;
- Medium maximum of five days response for harm that is not life threatening, examples may be chronic self neglect and financial exploitation; and
- Low maximum of ten days response where no harm has occurred or is about to occur, superficial injury, client removed from home, etc.

RCS CRU's standards of promptness for investigations:

- Two Days life threatening, harm or risk of harm and sexual or physical assault;
- Ten Days resident experienced harm but the caregiver has been removed or the resident is in the hospital;
- Twenty Days typically a facility report where there has been harm to a resident which was not life threatening;
- Forty-five Days complaints regarding food, sanitation, etc.; and
- Ninety Days the complaint is not life threatening and can wait until the next scheduled facility survey.

### **Predetermined Criteria**

APS predetermined criteria is that the vulnerable adult meet the definitions as delineated above and the allegation of abuse, neglect, exploitation and abandonment has occurred or is occurring.

RCS CRU's predetermined criteria are that the person be a resident of a licensed facility.

### **Client Assessment Tools**

APS workforce does not use formal assessment tools (e.g., risk assessment, activities of daily living (ADL), instrumental activities of daily living (IADLs) and mental capacity tools. Before and during the investigation basic information is gathered and entered into the APS automated system. APS investigators may request that home and community staff conduct a CARE assessment to see if a client is eligible for publically funded support services.

RCS CRU relies on the MDS assessment completed by the nursing home facility staff for all residents. In addition, investigators use the assessments that the facility has completed for residents of adult family homes, supportive living and ICFMRs.

### **Substantiated Cases**

APS intake and referral staff receives reports of abuse, neglect, and exploitation. Reports are screened for criteria of vulnerable adult and allegations as defined by law. If the report is screened-in for investigation, it becomes a case. A case is substantiated at the time the investigator determines that there is at least fifty-one percent preponderance of evidence. Categories of substantiation are:

- case substantiated,
- case unsubstantiated, or
- no preponderance of evidence (inconclusive).

RCS CRU staff triage all reports of abuse, neglect and exploitation. Two nurses within CRU define the priority time for investigations. The investigated case is substantiated when a deficiency is written and the provider is cited. The case is either substantiated or not found to be substantiated.

### **Recidivism Data**

Recidivism percentages are calculated as the number APS clients each year who have had at least one reoccurrence of abuse, neglect, exploitation, or abandonment as a proportion of the total caseload.

APS recidivism data over the past three years:

- SFY 2007 17.60%
- SFY 2008 18.82%
- SYY 2009 18.76%

RCS CRU does not collect recidivism data.

# **Mandated Reporters**

The interviewees with many years of work experience between them are not aware of any successful prosecutions where mandatory reporters were found in violation of the law and cited with a gross misdemeanor punishable by up to one year in jail and/or a \$5,000 fine.

## **Employee Abuse Registry**

WA State has two abuse registries. DSHS, Background Checks Central unit (BCCU) maintains a registry of persons with convictions that would disqualify them from working with vulnerable adults. DSHS contactors and entities receiving federal and state funds may not hire people with a criminal record. The conviction remains on the registry unless legally removed. DSHS, ADSA, RCS maintains a federally mandated registry of those persons having been found to abuse, neglect or exploit residents of licensed facilities. For a single finding of neglect, an individual may request that their name be removed from the registry if no further incidences after the one year period have occurred in a nursing home. The individual's request would be administratively reviewed and a decision made by DSHS officials.

### Other

- WA has one statewide, twenty-four hours, toll free number (1-866-363-4276 ENDHARM) for the reporting of adult and child abuse, neglect and exploitation. When people call this number a live person routes their call to appropriate regional toll-free numbers (six different ones) for adult protective services (APS) or one statewide toll free number (1-800-562-6078) for the Complaint Resolution Unit (CRU). The CRU is responsible for accepting reports of alleged abuse, neglect, and exploitation of adults residing in licensed long term care facilities. The six regional APS offices are responsible for accepting reports of alleged abuse, neglect, and exploitation of adults residing in their own personal residences. The CRU and six regional APS offices have staff dedicated to the job responsibilities of intake and referral during office hours Monday through Friday. CRU and APS use different intake forms and IT systems to gather reports of adult abuse, neglect, and exploitation. Interviewees report that the IT system for CRU was implemented in 1969 and is at risk for failure.
- APS does not provide case management services for vulnerable, at-risk adults. If the client appears to be eligible and if a waiver or home service is available, referrals are made on behalf of the client to the appropriate DSHS program.

- Interviewees have noted a significant increase in financial exploitation cases over the past few years. APS staff does not have experience or training in accounting and finance.
- Interviewees discussed difficult cases where it would be helpful to call upon expert help such as a nurse forensic specialist, sexual assault nurse, etc. RCS CRU has four nurses who are trained in forensics medicine although it is not a requirement for their current job responsibilities.
- Interviewees are unaware of the specifics of their program budgets.
- Training for APS was traditionally done in the classroom and "field" training. Over the past few
  years instead of face-to-face training more teaching has been offered through
  telecommunications such as GoTo and training modules available on the web for staff to study.

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